



NASSAU COUNTY DEPARTMENT OF HEALTH
Division of Public Health Laboratories
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FOOD MICROBIOLOGY REQUISITION FORM (NCPHL109)

*See Specimen Collection Instructions at
www.nassaucountyny.gov/agencies/Health/labs.html*

SAMPLE:

Sample Description _____
Place Collected _____
Street _____
City _____ State _____ Zip _____
Date of Collection _____ Time of Collection _____ AM / PM

Sample Matrix (Check all that apply)

- ☐ Solid
- ☐ Liquid
- ☐ Raw
- ☐ Cooked
- ☐ Packaged
- ☐ Processed
- ☐ Surface Swab/sponge/wipe

Reason For Submission (Check One)

- ☐ Outbreak (Outbreak Number _____)
- ☐ Routine Screening
- ☐ Other (specify: _____)

SUBMITTER:

Agency _____ ☐ NCDOH ENV PROTECTION
Address (Street, City, State, Zip) _____
Contact _____ Phone Number _____
Fax Number _____ Email _____

TEST REQUEST:

- ☐ Salmonella
- ☐ Listeria
- ☐ Campylobacter
- ☐ E. coli O157:H7
- ☐ Staphylococcal enterotoxin

Comments:

Laboratory Use Only

Received By: _____
Date: _____ Time: _____ AM / PM
Condition on Receipt ☐ Refrigerated
☐ Room Temperature
☐ Sealed Properly
☐ Leaking